

South Carolina Department of Disabilities and Special Needs

PDD Program Pre-Assessment Information

Child's Name _____ Date Form Completed _____

In an effort to better ensure your child receives the maximum benefit from their participation in the PDD Program and to help your child's provider recruit Line Therapists, please answer the following questions.

1. When is your child available for line therapy? Complete this activity schedule by placing the letters "EIBI" in the time and corresponding day slots your child is available to receive line therapy.

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
8am-9am							
9am-10am							
10am-11am							
11am-12pm							
12pm-1pm							
1pm-2pm							
2pm-3pm							
3pm-4pm							
4pm-5pm							
5pm-6pm							
6pm-7pm							
7pm-8pm							
8pm-9pm							

2. How many line therapy hours per week do you believe would be most beneficial to your child?

_____ 10 – 19

_____ 20 – 40

Parent Signature

Date

Original: Participant's File Copy: Parent/Legal Guardian and District Autism Staff